ORIGINAL ARTICLE

Use of chaperones in the urology outpatient setting: a patient's choice in a ''patient-centred'' service

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Background: The use of a chaperone in the clinical setting is a much debated subject. There have been many guidelines and papers written on this topic, but always from the medical profession's point of view. For the first time, this survey focuses on the opinion of the patient.
Methods: 800 consecutive patients attending the urology outpatient clinic were asked to complete a questionnaire on basic patient demographics and their opinions on chaperones.
Results: Of 709 patients who completed the questionnaires, 553 (78%) were male. Overall, 535 (75.5%) patients did not want a chaperone present. Only 66 (42%) females stated a preference for the presence of a chaperone. Of the 174 patients requesting a chaperone, 102 (59%) patients wished the role to be taken by a friend or family member. 90% of these patients attended with the appropriate person.
Conclusions: Most patients do not want a chaperone present for intimate examinations. Most women do not wish to have a chaperone present. Of those who do wish to have a chaperone present, more than half want a family member or friend to fill the role. This would be against current guidelines. However, in a ''patient-centred'' service, these results should be taken into consideration.

The current guidelines are explicit: it is the right of the patient to accept or decline the offer of a chaperone during an intimate examination (box 2). In the setting of the urological outpatient clinic, an intimate examination is integral to most consultations. In this survey, we take the debate on chaperones to the next logical stage and, for the first time, focus on and canvass the opinion of the patient.

PATIENTS AND METHODS

Over a 6-month period, 800 patients attending the urology outpatients department were asked to complete and return a questionnaire. This covered basic patient demographics (age and sex) and, more specifically, their opinions on the presence or otherwise of a chaperone during intimate examinations. All doctors in the department were men. Ethical approval was not required for this study.

RESULTS

In total, 709 (89%) patients returned a completed questionnaire. Of these, 553 (78%) were male; 108 (20%)males and 66 (42%) females stated a preference for the presence of a chaperone during intimate examinations. Most patients (n = 535, 75.5%) did not wish to have a chaperone present under such circumstances.

As a reflection of the sex distribution in a urological clinic, although a smaller percentage of men requested a chaperone, 62% of patients requesting a chaperone were, in fact, men.

Of the 174 patients requesting a chaperone, 102 (59%) stated a preference for the role to be taken by a friend or family member and 92 (90%) patients attended the clinic with such a person.

Seventy two patients expressed a preference for the role of chaperone to be taken by a member of staff. Of these, 19 (42%) males and 25 (93%) females requested a female member of staff, with the remainder preferring a male chaperone (fig 1).

Age was not an influencing factor for the request of a chaperone (box 3).

Box 1: Reviews and papers on the use of chaperones

- National Guidelines on Chaperones
- General Medical Council, Intimate Examinations, December 2001
- Department of Health Ayling Report 2004

DISCUSSION

Overall, most patients do not want a chaperone to be present for intimate examinations in the setting of the urological outpatient clinic. In clinical practice, male doctors are routinely chaperoned when performing an intimate examination on a female patient. It was therefore surprising to discover that, in this study, 58% of women did not want a chaperone present. This re-enforces the current guideline of always asking the patient his or her preference.

There is also debate about who qualifies as an appropriate chaperone. The Ayling inquiry recommends that chaperone duties be undertaken only by trained staff and that family and friends are not a suitable alternative. From the risk management aspect, this removes the risk of inadvertent breaches of confidentiality from the patient's point of view and removes the possibility of the relative being a future hostile witness from the

Box 2: Current guidelines

- All of the current literature is from the medical profession's point of view.
- Guidelines state, ''It is the right of the patient to accept or decline a chaperone.''
- This study is the first to look at chaperones from the patient's perspective.
- This is important if we are to provide a patient-centred service.

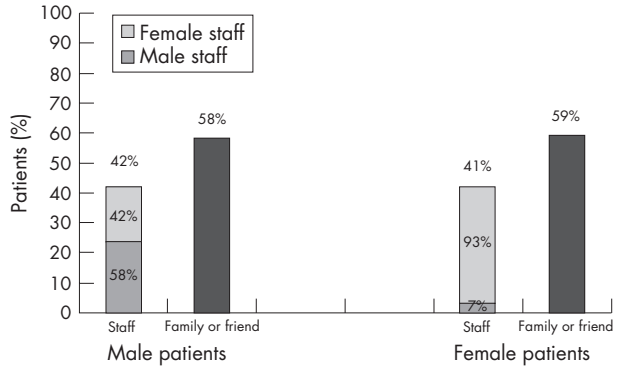

Figure 1 Who did the patients request to be their chaperone? (n = 174).

doctor's point of view. However, this study shows that most patients who requested a chaperone preferred either a friend or a family member to fill this role. Of those who requested a family member or a friend to fulfil the role of chaperone, 90% attended with the designated person.

If patients were allowed to decline a chaperone and family members were used, then only 10.2% of patients would require a staff chaperone. This would have implications for staff provisions in the clinic environment.

Many people in the medial profession see the presence of a chaperone as a way of protecting themselves against unfounded allegations and medicolegal issues. However, chaperones are also there for the patients' benefit and their views should be taken into consideration. In fact, if we are attempting to provide a ''patient-centred'' service then the request of the patient should be paramount. In considering the opposing views of the patient and the medical profession, there may be a role for a modified consent form applicable to the chaperone situation to be signed by the patient, chaperone and doctor. Whenever decisions are being made with regard to using a chaperone, it should always be remembered that the role of a chaperone is to look after the interests of both the patient and the doctor.

Further research is needed into the problems encountered when family members and friends are used as chaperones, and also to investigate whether the sex of the doctor or any other factors influence requests for chaperones (box 4).

CONCLUSION

This is the first paper to show that most patients do not wish a chaperone to be present for an intimate examination. If a chaperone is requested, then a great number of patients wished the role to be fulfilled by a family member or a friend.

Box 3: Findings of the survey

- Overall, 75.5% of patients do not want a chaperone for an intimate examination.
- Less than 50% of all women want a chaperone.
- 20% of male patients would prefer a chaperone even with a male doctor.
- 59% of patients requesting a chaperone wanted the role to be taken by a family member or friend.
- Overall, staff chaperones would be required for only 10.2% of patients.
- Age was not an influencing factor for the request of a chaperone.

Box 4: Inferences

- Patients' views on chaperones differ from those of the medical profession.
- A compromise may be made with a designated chaperone consent form.
- We should aim to provide a patient-centred service.
- 89.8% of patients did not want a chaperone or wished the role to be fulfilled by a family member or friend.

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REFERENCES

1 **Ayling Report**. Committee of inquiry independent investigation into how the NHS handled allegation about the conduct of Clifford Ayling, 2004. http://www.dh.gov.uk/assetRoot/04/08/90/65/04089065.pdf (accessed 7 Sept 2006).
2 **Richardson C**. Chaperones: who needs them? *BMJ Careers* 2005;**330**:175–6.
3 **Schutte P**. A watchful eye. *BMA News*. Saturday 21 May, 2005:14.
4 **Rosenthal J**, Rymer J, Jones R, *et al*. Chaperones for intimate examinations: cross sectional survey of attitudes and practices of general practitioners. *BMJ* 2005;**330**:234–5.
5 **Conway S**, Harvey I. Use and offering of chaperones by general practitioners: postal questionnaire survey in Norfolk. *BMJ* 2005;**330**:235–6.